

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	01/03/01
FORMALITY REVIEW	H.S.	866	01.18.001
RESPONSE FORMALITY REVIEW	THH	625	03-09-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/02
2	1/02
3	1/02
4	1/02
5	1/02
6	1/02
7	1/02
8	1/02
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47	1/02
48	1/02
49	1/02
50	1/02

Claim	Date
Final	
Original	
51	1/02
52	1/02
53	1/02
54	1/02
55	1/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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